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What's new? - SHSCT Supervisors of Midwives Roadshows

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What's new?

SHSCT

Supervisors of Midwives Roadshows

11th March 2015

DHH

At the NMC

- o Professor Dame Janet Finch – new chair from January 2015
- o Joint statement with 7 other healthcare regulators- a commitment to a duty of candour-

‘ Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress. ‘

This means that healthcare professionals must:

- o Tell the patient when something has gone wrong
- o Apologise to the patient
- o offer an appropriate remedy or support to put matters right (if possible)
- o Explain fully to the patient the short and long term effect of what has happened.

NMC and GMC Consultation opened until 5th January 2015- will be published in March 2015

NMC

- o The Code – available electronically- hard copy to be issued before – comes into effect 31st March, 2015

4 Themes:

- o prioritise people
- o practise effectively
- o preserve safety, and
- o promote professionalism and trust

- o **Fundamentals of care** - essential aspects of caring for a patient,- includes access to nutrition and hydration.
- o **The duty of candour** - midwives should be open and honest with colleagues, patients and healthcare regulators when things go wrong.
- o **Raising concerns** - midwives should raise concerns without delay if they are aware of a threat to patient safety or public protection.
- o **Delegation and accountability** - midwives should make sure that they delegate tasks and duties appropriately and those they delegate to complete tasks to the required standard.
- o **The professional duty to take action in an emergency** - midwives should take action in an emergency when off-duty, within the limits of their competence.
- o **Social media use** - midwives should use social media responsibly, in line with our guidance.
- o The Code also makes clear that responsibility for those receiving care lies **not only with the nurse or midwife providing hands-on care**, but also with those nurses and midwives working in policy, education and management roles

Professional indemnity

- o a mandatory requirement of the NMC Code.
- o self declare that they have in place, or will have in place, an appropriate indemnity arrangement when they practise in the UK.
- o responsibility of each midwife to ensure that they have cover which is appropriate to their role and scope of practice and its risks that covers risks involved in their practice, so that it is reasonably sufficient in the event that a claim is successfully made against them.
- o it is their responsibility to ensure that appropriate cover is in force. It is vitally important to understand that by signing the self declaration nurses and midwives specifically declare that whenever they practise they will ensure that an appropriate indemnity arrangement is in place.
- o If a midwife is practising without an appropriate indemnity arrangement in place, they will be removed from the register. Removal from the register means that they will no longer be able to practise as a nurse or midwife.
- o from July 2014- if you practise without cover after this time you will be breaking the law, even though you may only have to sign the declaration when you renew your registration.
- o maintaining good records of your indemnity arrangement and the disclosure of your scope of practice, which forms the basis of your arrangement, is important and is reflected in the Code. We may undertake compliance checks.

Revalidation

- Replacing PREP
every 3 years midwives will have to:
- Meet requirements for practice hours and CPD
- Reflected on their practice based on the Code –
using feedback from service users, patients,
relatives, colleagues, etc.,
- Received 3rd party confirmation that their declaration
is reliable
- Will be introduced by 31st December, 2015
- Non- compliance removes registration
- Trialling a model
- (WHSCT- others to be identified later)

Other NMC changes

Mottmacdonald review of the LSA NI (PHA 71) – LSA audits of clinical placements annually

- o Annual fee - £120 from early 2015
- o NMC online
- o **Bogus phone calls**
- o We have received phone calls from nurses and midwives who have reported that callers posing as NMC staff are asking for their pin, mobile numbers and email addresses. The caller claims that the NMC will be sending all reminders by text in the future and need this information to be able to update their details.
- o Anybody contacting you from the NMC will always leave their name and contact details. Please do not volunteer your personal information to callers.

The Report of the Morecambe Bay Investigation (Kirkup 2015)

- o Investigated 16 neonatal deaths and 3 maternal deaths- found concerns over 11 neonatal deaths and 1 maternal death
- o clinical failures- failures of knowledge, team-working and approach to risk
- o investigatory failures- problems were not recognised and the same mistakes were needlessly repeated.
- o Failures to escalate concerns- maternity unit and trust staff
- o Failures on honesty and openness with patients and relatives
- o SHA and PHSO fail to take opportunities to bring problems to light
- o All failed to work together and communicate effectively

Supervision

- o NMC statement re supervision

Following an independent review of the regulation of midwives in the UK, the Nursing and Midwifery Council's (NMC) governing board today accepted the recommendation that **statutory supervision should no longer be part of its legal framework.**

- o NIPEC review on Supervision – workshop 20th April, 2015 - Your chance to have a say!!

Speak Up

Notable practice from NMC QA

- Anglia Ruskin University- Promoting parity and quality of mentorship in practice and the Personal Tutor Practice Assessment Moderation document
- Edinburgh Napier University – Peer Assisted Student Support project
- London LSA- Training – Training, development and involvement of Lay Auditors in the LSA Audit process
- King's College London- NMC Clinical Teacher and the Network for Excellence in Clinical Education
- Public Health Agency- LSA- Northern Ireland- Regional annual review toolkit for supervision of midwives

Recent midwifery hearings at the NMC (March 2015) ...

- OWENS, Regan Lynn (RM) – Northampton – 3 inappropriate social media reports
- DUROJAIYE, Maria Oluwabukola (RM) – London- suspended 12 months
- LAU, Wok Seng 70I1368E – St Georges, London- Failed competence in neonatal resuscitation on 3 occasions
- WEBB, Nancy Anne 85A2694E – Kent- failed to have paed for delivery, intubated a baby, failed to document a VE, CTG, any care of a patient , sutured following c/s- no consent, did not inform dr that she didn't have the skills, and didn't document
- RITCHIE, Lynne 86J0033S
- DUBE, Ntokozo 01A0209E
- HEAD, Catherine Ann 90C0760E – accessed electronic records
- OGUNFUYE, Perpetual Ngozi 03F08060 – recorded observations that she had not taken


NICE

- o Induction of labour advice re misoprostal - March 2014
- o Neonatal Jaundice – March 2014
- o Updated intrapartum guidelines - December 2014
- o Safe staffing in maternity settings- February 2015

RCPCH (October 2014)

- 16% of infants diagnosed with cleft palate go undetected at first examination)
- Healthcare professionals should examine a baby's hard and soft palate as part of the full newborn examination and recorded in the child health record
- Guidance 'Palate examination : identification of cleft palate in the newborn'



- 
- o RCOG- Pregnant travellers offered new flight advice -before 37 weeks or, if carrying twins, before 32 weeks,

More local changes....

- o 10,000 voices Improving patient experience-feedback so far from 178 pregnant women of whom 95% were satisfied with their care which is extremely positive.
- o Independent midwives
- o SBAR communication forms for supervision of midwifery
- o Use of 'critical incident reflection for midwives template'

NORTHERN IRELAND'S MATERNITY SERVICES CORE PATHWAY FOR PREGNANCY CARE- 2015 currently in draft form

Week Pregnancy	Referral	Lead Professional	Why See	What's done
1 st contact-6 weeks	Self referral to	Midwife	Early Pregnancy Advice	Confirmation of pregnancy
12th Booking		Midwife	Choices of care from a lead professional	Dating / Viability Scan
16		Midwife	Reassess woman's obstetrical and medical history by using risk assessment tool provided	Notification of ongoing pregnancy to GP and subsequent visits
20	Midwife to	Obstetrical Ultrasound Sonographer	Anomaly Scan	Detailed structural scan
25	Primigravida only	Midwife	Reassess woman's obstetrical and medical history by using risk assessment tool provided	Measure symphysis-fundal height plot on Customised Growth Chart Discuss Flu vaccine
28	Multiparous women	Midwife	Reassess woman's obstetrical and medical history by using risk assessment tool provided	Measure Symphysis-Fundal Height
30th	Rh -ve women only	Midwife		Administration of Anti D
31st		Midwife	Reassess woman's obstetrical and medical history by using risk assessment tool provided	
34th		Midwife		
36th		Midwife	Reassess woman's obstetrical and medical history by using risk assessment tool provided	
38th		Midwife		
40th		Midwife	Reassess woman's obstetrical and medical history by using risk assessment tool provided	Offer a membrane sweep Offer date for induction of labour
41th		Midwife		Offer a membrane sweep Offer date for induction of labour

Midwives and Medicines



And at trust level?

- o New SOM : Patricia Kingsnorth
- o Brenda Kelly moved to BHSCT
- o 2 new SOMS hopefully later in the year
- o Ongoing SOM medicines and records audits